

# Healthy beginnings

Prenatal Newsletters for Women at Kaiser Permanente

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## Congratulations!

Congratulations on your pregnancy. We want you to have a healthy and safe pregnancy and childbirth, so we created *Healthy beginnings* newsletters just for you. These handouts will give you information about:

- your prenatal appointments
- your baby's growth
- examinations and tests you may have as part of your prenatal care
- how to stay healthy during your pregnancy
- changes in your body
- how your partner can stay involved
- how to get ready for your new baby

At each regularly scheduled prenatal visit, you'll get a new issue of *Healthy beginnings*. Be sure to keep all the newsletters; that way, you can refer to an issue if there is something you would like to read again. You can share *Healthy beginnings* with your partner and your family to help keep them informed about your pregnancy and your baby. We look forward to answering your questions.

## Your prenatal appointment and tests

Kaiser Permanente provides you with high quality, family-centered care to help you have the safest and healthiest pregnancy and childbirth possible. Although pregnancy and birth are natural events, your prenatal appointments are necessary to make sure that your pregnancy is going well. Please join us as a partner in your health care by attending all of your medical and educational group visits.

### OB physician, nurse practitioner, or nurse midwife visits

Your regularly scheduled visits include 8 to 10 medical appointments. These visits are timed to coincide with important milestones in your pregnancy and to provide a way for us to monitor your pregnancy. They are also a good time for you to ask questions and discuss your concerns. At these visits we will:

- check your blood pressure and weight
- check your urine specimen
- check your baby's growth by measuring the size of your abdomen
- listen to your baby's heartbeat
- order additional tests, if necessary

To confirm your pregnancy, the "First Individual Medical Visit" is usually scheduled at 8 to 12 weeks. You will see an OB doctor, nurse practitioner, or nurse midwife who will review your health history questionnaire and do a complete physical exam, including a pelvic exam and a Pap test. Your prenatal chart will be reviewed with you, including your medical history, physical exam, and lab tests.

## Your baby: conception to 12 weeks

Your baby started as a fertilized egg as small as the period at the end of this sentence. By the time you are four weeks pregnant, the developing embryo is the size of a grain of rice. The heart, brain, and lungs are also starting to form. By around the 25th day, a tiny heart



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starts to beat. By eight weeks, the fetus starts to look human: Arms, legs, muscles, and skin have developed; eyes, ears, and the rest of the face are forming; and the brain, stomach, liver, and other body organs are growing. Because the brain is developing faster than other organs, the head is large compared to the rest of the body. At 12 weeks, you have finished the first trimester (first three months) of the pregnancy. Now the fetus is about 3 inches long, and the circulation and urinary systems are working. Reproductive organs are developed, but an ultrasound exam won't show clearly whether it is a girl or boy. Your baby is moving now, but you can't feel it yet.

## Your due date

We count your pregnancy as starting on the first day of your last normal period. Your estimated due date, or "EDD," is when we estimate that your baby will be born—40 weeks (280 days) after your last period began. However, your baby is considered to be "full term" between 37 and 42 weeks. Your ultrasound will confirm your estimated due date.

## Next appointment

Date: \_\_\_\_\_  
 Day: \_\_\_\_\_  
 Time: \_\_\_\_\_  
 Medical professional: \_\_\_\_\_  
 Notes: \_\_\_\_\_

Please arrive for your appointment on time. If you need to cancel, call at least 24 hours in advance.



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# Partner's corner

As your partner's body changes over the next nine months and you both prepare for the new baby, your life will be changing, too.

- You may have mixed feelings about these changes. Sometimes you may feel excited; other times you may worry about all of the changes and wonder if everything will be okay.
- You may be asked to do extra chores (or the house may get messier). During the first three to four months, your partner may be feeling very tired and sick to her stomach (nausea).
- You'll be asked to give your partner extra care and attention.
- You may sometimes feel left out and wonder how you can stay involved in the pregnancy.

## How can you stay involved in the pregnancy?

Learn about your baby as it grows, and care for your partner. Try some of these ways to let her know that you care.

- Come to her prenatal Ob/Gyn visits as often as you can. Ask questions of your own.
- Ask your partner to talk with you about how being pregnant feels to her so that you can track the changes together.
- Read all the *Healthy beginnings* newsletters and attend all of the educational group visits that you can.
- Talk about the coming baby with her. Feel the baby's movements.
- Let your partner know about your feelings, both your concerns and excitement about the baby.



When you call your physician, nurse practitioner, or nurse midwife, please be ready to tell the advice nurse:

- your name
- your Kaiser Permanente medical record number
- your medical professional's name
- your expected due date

Call now if you have:

- heavy vaginal bleeding or blood clots (clumps of blood)
- pelvic pain, other than mild cramping
- vomiting that is severe (with pain or fever), frequent (more than two to three times a day), or lasts more than an hour every day
- fever (temperature of 100.4° or greater)

## Staying healthy during pregnancy and beyond

Now is the time to learn ways to be as healthy as possible while you're pregnant. Getting plenty of rest, eating nutritious foods, and starting or continuing to be physically active are ways to take good care of yourself. Try to make as many healthy changes as you can. Being around other pregnant women can help you through the changes and challenges. This is also a great time to learn how to accept lots of love and support from your family and friends. Some women say they felt their healthiest when they were pregnant. We hope this will be true for you, too. Information in these newsletters can help.

### Physical activity

If you are physically active on most days of the week, great! If not, this is a good time to begin to move in that direction. You'll feel better overall, have more energy, sleep better, and have less constipation and water retention. Generally speaking, you can continue moderate exercise throughout your pregnancy. Begin slowly and build up gradually; a five minute walk is a good start. Try to work up to exercising at least 30 minutes per day on most days. Wear athletic shoes and comfortable clothing. Drink 8 to 10 glasses of fluid each day. Drink extra water before, during, and after exercise. Check with your physician, nurse practitioner, or nurse midwife to learn which exercises are safe.

### Using a seatbelt

You need to wear a seatbelt to protect you and your baby every time you drive or ride in a car. Use both the lap belt and the shoulder harness. Position the lap belt low, below the baby (not across your stomach or on your uterus).

## What to avoid when you are pregnant

For the health of your baby and for your own health, you should avoid alcohol, drugs, and tobacco during pregnancy. Harmful products from these substances pass through the placenta to the baby. It is also important that you avoid handling kitty litter and taking hot baths.



### Smoking

If you smoke, try to stop now—for the health of your baby and you.

- Women who smoke are more likely to have problems in pregnancy and childbirth.
- Women smokers tend to have premature and smaller (underdeveloped) babies who have problems after birth and throughout life.
- Smoking during pregnancy can cause your baby to be born underweight, which puts your baby at greater risk for being overweight later in life.
- The risk of SIDS (crib death) increases if a mother smokes during pregnancy.
- Children in smoking households have four times as many lung, sinus, and ear infections as those in nonsmoking households.
- Talk with your medical professional or visit your local Kaiser Permanente Health Education Center if you would like to quit smoking. Some facilities offer programs specifically for pregnant women who smoke.
- Encourage your partner or other family members to quit smoking with you. It is easier not to smoke when you are surrounded by other nonsmokers.

## Alcohol and drugs

If you use drugs like alcohol, cocaine, or crack during pregnancy, you can harm your baby. These drugs can cause your new baby to cry a lot or have problems eating, sleeping, or breathing. Later, the baby may have trouble learning.

- Alcohol and other drugs can cause more serious problems, like birth defects or brain damage. They can even cause you to lose your pregnancy.
- It's hard to stop using alcohol or other drugs. If you or someone in your family has a problem with alcohol or other drugs, call your medical professional. For more information, call the Kaiser Permanente Healthphone at 1-800-332-7563 and listen to message number 347. (For TTY access, call 1-800-777-9059.)

## Kitty litter

Cat feces can sometimes cause an infection called toxoplasmosis. If you become infected during pregnancy, it could harm your baby.

- Be sure that someone else changes the litter box while you are pregnant.
- Be careful not to touch the cat feces if any cats visit your garden or sand box. Wear gloves while gardening, especially if there are cats in the neighborhood.

## Hot baths, hot tubs, saunas, tanning beds

Many physicians agree that you should not take hot baths or use a hot tub, sauna, steam room, or tanning bed while you are pregnant. High temperatures may harm your developing baby.

- If you prefer to take a bath, keep the water warm (not hot).
- The bathtub is an easy place to slip and fall because your center of gravity and your balance are changing when you're pregnant. Be sure to use a rubber mat.

# E

## motional changes during pregnancy

Every woman experiences her pregnancy in a uniquely personal way, largely because every woman is different and has had different experiences during her life. Some women, for instance, may have planned their pregnancy while others may be surprised. Some women may have previously had a miscarriage while others may be conceiving for the first time. Regardless of the context of your pregnancy, the thoughts and feelings that you have are uniquely yours. They might range from excitement to ambivalence to fear. These are all normal responses.



Hormonal changes and physical discomforts can also play a role in how you feel during your pregnancy. For example:

- You may have mood swings, ranging from being extremely up to being extremely down.
- You may be more sensitive or irritable.
- You may feel more dependent and passive, thoughtful, or fearful.
- You may experience changes in your sexual interest, either wanting more sex or less.



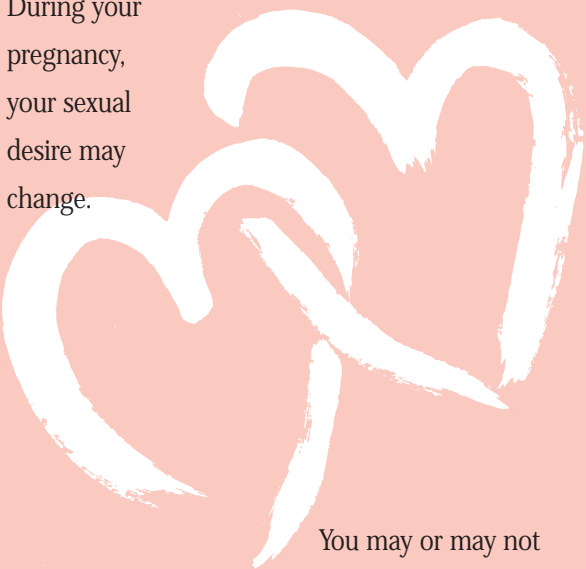
Anxiety about your body image, career, relationships, and the health of your baby are all legitimate concerns that can make this a particularly challenging time. Therefore, it is extremely important to develop a support network to help you get through your pregnancy. Here are some tips:

- Try to spend time with other couples who are either expecting or who have small children. Sharing similar experiences can often help alleviate some anxiety and can also help you feel more connected to others. Talking with others who have “been there” can provide you with valuable information pertaining to pregnancy, childbirth, and infant care. Taking prenatal classes is a good way to meet other women or couples who are sharing the same concerns and joys.
- Be sure to share your feelings with your partner.
- Let your doctor or other medical professional know if you have had a previous history of depression or if you are currently experiencing negative feelings, anger, or a depressed state that has lasted longer than two or three weeks.

Remember: Pregnancy is a special time that should be enjoyed as much as possible. It is a time to grow closer to your partner as you share in the creation of a new life. It is also a great opportunity for you and your partner to develop your relationship as a couple so that you can move into your new role as parents.

## Sex and pregnancy

During your pregnancy, your sexual desire may change.



You may or may not feel interested in sexual

activity (ranging from being gently touched to sexual intercourse). Many women just want to be held and comforted. As your feelings change, it helps to talk with your partner. Your pregnancy can also affect your partner's feelings. Your partner may be concerned about disturbing the baby or hurting you. On the other hand, your partner may find you more attractive. It is all right to have sex while you are pregnant unless your medical professional advises against it.

## What you can do about morning sickness

It's called “morning sickness,” but for some women, nausea and vomiting can occur throughout the day. Not everyone has morning sickness, but some do. You may get morning sickness in response to an increase in your hormone levels. Thankfully, morning sickness usually disappears after the first three to four months of pregnancy. The following home remedies can help:

### Drink fluids

- Sip small amounts of apple juice, grape juice, lemonade, carbonated beverages, or milkshakes. If drinking with meals gives you a stomachache, try drinking between meals instead. Try foods with high water content, like melon, oranges, grapefruit, or lemons.

### Eat small meals

- Eat five or six small meals each day. Try to eat something every two to three hours, even if you don't feel hungry. If you don't eat, nausea usually gets worse. Eat crackers or dry toast in bed in the morning before getting up and before you go to sleep. Don't eat greasy, fried, or highly seasoned foods.

### Open windows

- Use an exhaust fan to get rid of cooking odors. Certain food odors can trigger nausea. Your “triggers” might be foods with strong odors or something very ordinary that you normally like.
- Keep a window open. Get plenty of fresh air.

### Other suggestions

- Try wristbands that press on your wrist to reduce nausea (for example, Sea-Bands for seasickness). Some prenatal vitamins can trigger morning sickness or make it worse. You need to take folic acid, but can temporarily stop taking other prenatal vitamins while you are nauseated unless your physician, nurse practitioner, or nurse midwife has told you that you must take them despite your nausea. Try vitamin B6, 25 mg every eight hours or as needed, up to 75 mg a day. This vitamin is safe for your baby and available in most pharmacies without a prescription.

### Call your doctor or other medical professional if you have vomiting that is:

- severe (with pain or fever), or
- frequent (more than two to three times a day), or
- lasts more than an hour every day.



# nutrition and pregnancy

You supply everything your

baby needs to grow while you are pregnant. The best way to do this is to eat at least three meals and two healthy snacks every day. Also, drink 8 to 10 full glasses of fluid every day.

## Daily Food Guide

The *Daily Food Guide* will help you choose foods that give you the nutrition you and your baby need while you are pregnant. At the end of the day, you can see if you are getting enough servings from each of the following five food groups:

1. Bread, tortillas, cereal, rice, pasta, oatmeal
2. Vegetables, especially green leafy vegetables
3. Fruits
4. Milk, yogurt, cheese
5. Meat, turkey, chicken, fish, eggs, dry beans

## Choose high-vitamin foods

There are three vitamins and minerals that are especially important for you and your growing baby. They are calcium, iron, and folate. You can get the extra calcium, iron, and folate that you and your baby need to be healthy if you eat enough of these foods every day:

### Calcium-rich foods (1,200 milligrams per day)

- dairy products (milk, cheese, yogurt)
- tofu (calcium fortified)
- canned fish with bones (salmon, sardines)
- almonds
- broccoli
- green leafy vegetables (spinach, bok choy, collard greens)
- corn tortillas
- orange juice fortified with calcium

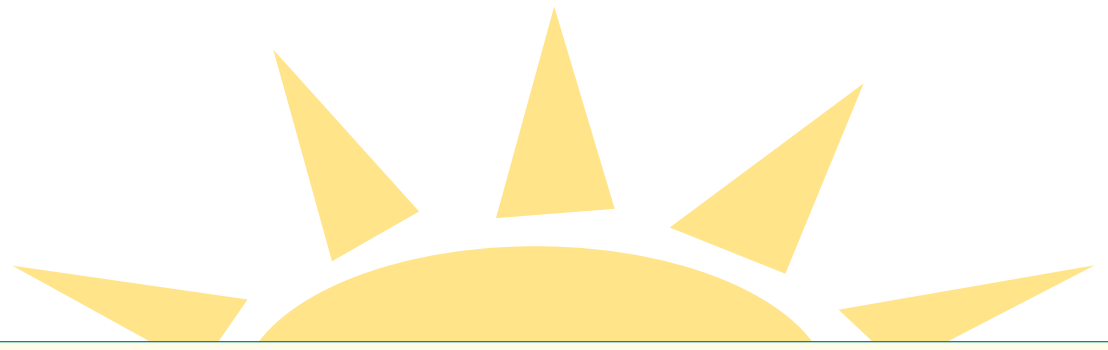
### Iron-rich foods (30- 60 milligrams per day)

Try to eat iron-rich foods in combination with foods or juices high in Vitamin C, such as oranges, pineapple, broccoli or strawberries. Vitamin C helps your body absorb the iron.

- beef, chicken, or turkey
- liver and other organ meats
- oysters
- spinach
- lentils or beans
- iron-fortified cereals
- dried fruits (raisins, prunes, dried apricots)

### Folate-rich foods (4 milligrams per day)

- dark green leafy vegetables (spinach, greens)
- broccoli
- asparagus
- liver
- fortified breakfast cereals
- oranges and orange juice
- peanuts and almonds



## DAILY FOOD GUIDE

Check off the number of servings you eat in each food group below every time you have a meal or a snack (see *number of servings* on chart below). Try to eat the recommended servings each day.

For example:

**Lunch:** 1 turkey sandwich = 2 servings bread and 1 serving meat; 3/4 cup orange juice = 1 serving fruit

**Snack:** 1 cup low-fat frozen yogurt = 1 serving milk; 1 cup raw carrots = 1 serving vegetables

What is a serving?	Recommended servings you need every day	Check off the number of servings you ate today
<b>Bread, tortillas, cereal, rice, pasta, oatmeal</b> 1 slice bread 1 tortilla 3/4 cup dry cereal 1/2 cup hot cereal 1/2 cup cooked rice, noodles, pasta 6 crackers	7 servings or more each day	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> For example: 2 slices of bread from sandwich = 2 servings
<b>Vegetables</b> 1 cup raw or 1/2 cup cooked vegetables 1 cup green salad 3/4 cup vegetable juice	3 servings or more each day	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> For example: 1 cup raw carrots from snack = 1 serving
<b>Fruits</b> 1 medium piece fresh fruit 1/2 cup chopped, cooked or canned fruit 3/4 cup orange juice or other fruit juice	2 servings or more each day	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> For example: 3/4 cup orange juice from lunch = 1 serving
<b>Milk, yogurt, cheese</b> 1 cup low-fat or nonfat milk or yogurt 1 cup low-fat or nonfat frozen yogurt 1 1/2 oz. low-fat cheese 2 cups cottage cheese	3 servings or more each day	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> For example: 1 cup low-fat frozen yogurt from snack = 1 serving
<b>Meat, turkey, chicken, fish, eggs, dry beans</b> 3 oz. lean meat, poultry or fish 1 cup cooked beans, lentils or tofu 2 eggs 4 Tbs. peanut butter	2 servings or more each day	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> For example: 3 oz. turkey from sandwich = 1 serving

## Try this sample menu

### Breakfast

- 1/2 cup sliced melon
- 2 slices of whole wheat toast
- 1 boiled egg
- 1 tsp. margarine
- 1 cup nonfat or low-fat milk

### Snack - morning

- 6 crackers

### Lunch

- 1 bowl of black bean soup
- 1 roll
- 1 cup salad with 1 Tbs. dressing
- 1 cup nonfat or low-fat milk

### Snack - afternoon

- 1 corn tortilla
- 1 1/2 oz. low-fat cheese
- 3/4 cup vegetable juice

### Dinner

- 4 oz. sliced chicken
- 1/2 cup mixed vegetables like sliced peppers/carrots/broccoli
- 1 cup steamed rice

### Snack - evening

- 1 medium peach or pear

# H

## ow much weight should you gain?

You and your physician, nurse practitioner, or nurse midwife need to keep track of your weight, so that you will gain enough (but not too much) to support your growing baby. The recommended amount of weight that you should gain throughout your entire pregnancy is about 25 to 35 pounds. This varies, of course, depending upon your pre-pregnancy weight. Babies who are larger than average at the time of birth are at higher risk for a variety of health problems, including being overweight.

- You should gain about one pound a month, for the first three months of your pregnancy.
- You should gain about one pound a week, during your last six months of pregnancy.
- If you are underweight, you will need to gain more weight (about 28 to 40 pounds).
- If you are overweight, you may not need to gain as much weight (about 15 to 25 pounds).
- If you are having twins or more, your medical professional may refer you to a dietician who can advise you on your ideal weight gain.

### *What to do if you're gaining too much weight*

- Cut down on fats like butter, margarine, oil, sauces, gravies, mayonnaise, salad dressing, and sour cream.
- Choose lean meats, poultry (chicken or turkey without skin), and fish.
- Drink nonfat or 1 percent milk. Eat nonfat or low-fat yogurt and low-fat cheeses.
- Avoid fried foods and foods from fast food restaurants.
- For snacks, choose fresh fruit, raw vegetables, or popcorn (without butter) instead of chips, candy, or soda.
- For dessert, try fresh fruits, sherbet, or fruit ices instead of ice cream, cakes, or pastry.
- Walk every day unless your physician, nurse practitioner, or nurse midwife tells you to rest more.

### *Don't diet!*

Your weight gain is very important to your baby's normal growth and development. If you don't eat enough of the right foods, your baby can be deprived of important nutrients.

- Follow the Daily Food Guide (see page 4 of this newsletter) and check off what you eat every day.
- Eat the recommended servings of "healthy foods" each day. Don't skip meals. Your baby needs regular meals at regular times to grow properly.
- Don't try to lose weight while you are pregnant. Wait until after you finish breastfeeding your baby to try to lose weight.
- Check with your medical professional if you have any questions or worries about the amount of weight you're gaining.

### *Take care of yourself*

- Eat well-balanced meals with a variety of foods.
- Avoid "fast foods" with high fat and calories. Choose broiled chicken and salad instead of hamburgers and fries.
- Keep healthy snacks available to eat during the day.
- Read labels so you know what you're eating.
- Drink eight to ten 8-ounce glasses of fluid every day. Include water, milk, juice, and soup. Limit or omit coffee, tea, and other caffeinated drinks (like colas).
- Take a rest every couple of hours during the day. In late pregnancy, put your feet up or lie on your side if you can find a quiet space to rest.
- Learn to let go of the "Super Woman's Syndrome" at home and at work. Ask your partner and other family members to help take care of housekeeping and cooking.

### *Ask your physician, nurse practitioner, or nurse midwife about prenatal vitamins*

The best way to get vitamins is to eat a well-balanced diet. It is recommended that women take folic acid (0.4mg/day) prior to conception and through the first three months of pregnancy because it can lower the risk for certain birth defects. If you need an iron supplement, your medical professional will tell you which type to take and when to take it. Check with your physician, nurse practitioner, or nurse midwife about taking prenatal vitamins. Some women (such as women who are pregnant with twins) require prenatal vitamins. These vitamins are available without prescription.

# F

## oods to avoid during pregnancy

There are certain foods that you should avoid during pregnancy. These foods could cause harm to you and your developing baby.

- Don't eat raw or undercooked meat, chicken, or fish (sushi, raw oysters, clams and other raw shellfish). Always cook raw foods thoroughly. Cook ready-to-eat meats, such as hot dogs, luncheon meats, or deli meats (ham, bologna, salami, corned beef) until they are steaming hot. Wash your hands, knives, cutting boards, or cooking surfaces with warm soapy water after handling raw or undercooked meat, chicken, or fish.
- Don't eat refrigerated pates, meat spreads, or smoked seafood (salmon, trout, whitefish, cod, tuna, mackerel). Canned or shelf-stable pates, meat spreads, or smoked seafood may be eaten.
- Don't eat raw eggs or foods that contain raw or lightly cooked eggs, such as soft-scrambled eggs, Caesar dressing, mayonnaise, or Hollandaise sauce.
- Don't eat soft cheeses and unpasteurized dairy foods, such as brie, feta, blue cheese, and soft Mexican cheeses. Hard cheeses, processed cheeses, cream cheese, and cottage cheeses are safe.
- Don't eat large fish, such as shark, swordfish, tilefish, and king mackerel because they contain high levels of mercury. You should also avoid eating any fish caught by family and friends because of possible mercury consumption from fresh water lakes and streams. The U.S. Food and Drug Administration advises that pregnant women, women of childbearing age, nursing mothers, and young children can safely eat 12 ounces per week of cooked fish. You can eat shellfish, canned fish, smaller ocean fish, or farm-raised fish. Try to eat a variety of fish.
- Don't eat raw sprouts, especially alfalfa sprouts.
- Limit how much liver you eat. Liver is the only food that has excessive amounts of vitamin A. Too much vitamin A may cause birth defects. Fruits and vegetables that contain vitamin A are perfectly safe to eat.

### *Why are fluids so important during your pregnancy?*

If you have enough fluids, you're less likely to become dehydrated, be constipated, and have urinary infections. You will also have softer skin and less risk of swelling. Your baby needs fluids for proper growth. To get enough fluids for yourself and your baby:

- Drink about eight to ten full glasses (64 to 80 ounces) of fluid each day.
- Keep a full glass of water with you.
- Try a variety of fluids, like juices, milk, milkshakes, popsicles, and soups in moderate amounts.
- Choose caffeine-free, non-alcoholic drinks.



## A sk before you take any medications

If you take any medication or herbal remedy, your developing baby takes it, too.

- Any drug, vitamin (except for prenatal vitamins), herb, or home remedy can be unsafe for your baby—especially during the first three months of pregnancy when your baby is developing rapidly.
- Always let your medical professional know about any medications, drugs, vitamins, homeopathic remedies, herbs, herbal teas, or home remedies that you are taking.
- Don't take over-the-counter medications unless you really need them. Stop taking them as soon as you feel better. Try natural remedies for relief, if possible. (See "Safe over-the-counter medications and natural remedies" chart.)
- Don't take any prescription medication unless it is prescribed or approved by a physician or nurse practitioner who knows that you are pregnant.
- If you are taking prescription medications, follow the directions carefully.

### Call your doctor or other medical professional if ...

- you feel worse after you take any medication
- your symptoms don't get better

## Safe over-the-counter medications and natural remedies

These over-the-counter medications and natural remedies are generally safe to use for minor health problems while you are pregnant.

Symptoms	Over-the-counter medications	Natural remedies
<b>Headache</b>	Acetaminophen (such as Tylenol or Datril) Do not take aspirin Do not take ibuprofen (such as Motrin, Advil, Nuprin or Medipren)	Massage, rest, cool washcloth on forehead.
<b>Cold</b>	Acetaminophen (such as Tylenol or Datril) for aches and fever Pseudoephedrine (such as Sudafed) for stuffiness Chlorpheniramine (such as Chlortrimeton) for allergies	Rest and drink plenty of liquids. Use a vaporizer, humidifier, or shower for nasal congestion.
<b>Constipation</b>	Metamucil (plain), Fiber-all, Colace	Increase fluids and fiber in diet (such as prunes). Exercise regularly.
<b>Diarrhea</b>	Imodium	Drink clear liquids.
<b>Indigestion</b>	Maalox, Mylanta II, Riopan	Eat smaller meals. Wear loose-fitting clothing. Elevate head when lying down.
<b>Hemorrhoids</b>	Preparation H, Anusol, 1% Hydrocortisone Cream	Use Witch Hazel Pads, Tucks Pads, ice packs, or take a warm "sitz bath."
<b>Nausea and vomiting</b>	Emetrol	Take vitamin B6 (up to 75 mg a day). Eat crackers or dry toast. Use acupuncture on wrist.
<b>Vaginal itch</b>	Monistat and Gyne-Lotrimin (for yeast infections), 1% Hydrocortisone Cream	Eat yogurt that contains live Lactobacillus organisms. Wear cotton underwear. Reduce or eliminate sugar from diet.

## R esources

**Kaiser Permanente Web site**  
[members.kp.org](http://members.kp.org)

### Kaiser Permanente Healthphone

The Kaiser Permanente Healthphone is a free, confidential service offering pre-recorded health messages, 24 hours a day, in English and Spanish. Call 1-800-332-7563 to access this system. (For TTY access, please call 1-800-777-9059.)

To request a directory listing all of the messages (including those that are related to pregnancy), please contact your local Health Education Center or Department.

### Kaiser Permanente Healthwise Handbook

Get your own copy of the *Kaiser Permanente Healthwise Handbook* (or *La salud en casa*, the Spanish edition). It's a great source of health information for taking care of your baby, yourself, and your family.

- You'll find the best ways to keep your family from getting sick.
- You will learn how to identify and treat over 200 common health problems.
- You will find out when to call Kaiser Permanente for medical advice, and how to prepare for an office visit.

Many members appreciate the *Kaiser Permanente Healthwise Handbook* because it helps them make confident medical decisions. Visit or call your local Health Education Center or Department to find out how you can obtain a copy of the *Kaiser Permanente Healthwise Handbook*.

## You and your baby have a right to be safe

If someone is hurting you ... making you feel afraid ... making threats ... putting you down ... pushing you or hitting you ... **it is not right and it is not your fault!**

"Abuse" occurs when someone attacks you with words, objects, hands, or fists. Abuse usually happens when one person tries to control another person.

- If you are having problems with someone who threatens you or hurts you, tell your doctor or other medical professional. You and your baby can be helped.
- Remember: It's not your fault, no matter what anyone tells you. Nobody deserves to be abused.
- You need to take care of yourself because, if you are hurt, your baby is affected.
- You are not alone. There is help available.
- In an emergency, call the police, your local domestic violence hotline, or a woman's shelter in your community.

If someone has hurt you before, it may happen again while you are pregnant or after the baby is born. Sometimes abuse starts when you become pregnant.

### Have a safety net

- Talk to someone you trust about what is going on.
- Call the police in an emergency.
- Get the phone number of your local domestic violence hotline from your Kaiser Permanente Health Education Center and keep it for an emergency.
- Keep a set of car keys and money stashed where you can find them.
- Keep important papers (birth certificates, photo ID, bankbook) in a safe place.

If you need to talk, or if you need help, call **1 (800) 799-SAFE (799-7233)**, 24 hours a day. The National Domestic Violence Hotline has counselors who speak English, Spanish, and other languages. They can give you information about local resources.

# P

## renatal testing: what you need to know



During your pregnancy, prenatal testing may be recommended to be sure that you are healthy and that your baby is developing properly. Many of these tests are routinely recommended in all pregnancies. Others are recommended only in certain situations. Your physician or other medical professional will discuss with you the risks of any tests that you are considering.

### **Blood tests for anemia, diabetes, Rh factor, and HIV**

If you have anemia, diabetes, certain Rh blood types, hepatitis B, syphilis, or HIV, you may need special treatment to keep your baby and you healthy.

- All pregnant women are tested for anemia (low iron in the blood that can make the anemic woman feel tired).
- Some women will be tested for diabetes (high sugar in the blood and urine) early in pregnancy. All women will be tested between 24 and 28 weeks.
- If you have an Rh negative blood type, you will take another test to check your blood for antibodies that could cause problems for you and your baby.
- If you test positive for hepatitis B and are identified as a hepatitis B carrier, your infant will receive vaccines at birth and in infancy. These vaccines will greatly reduce the chance of passing hepatitis B to your baby. Infants who become infected with hepatitis B are not at risk for serious illness during their lives.
- Pregnant women who test positive for syphilis can be treated with antibiotics. If not treated, syphilis can cause severe problems in the fetus and newborn.
- We recommend that all women get tested for HIV during pregnancy. If you are positive for HIV, there are treatments available that reduce the chance of passing HIV to your baby. Also, early detection and treatment can help you remain healthier.

If additional testing is needed, your medical professional will discuss these with you at future visits.

### **Expanded Alpha-Fetoprotein testing (ExAFP)**

You will be offered a screening test called Expanded Alpha Fetoprotein (ExAFP). This is a voluntary blood test that can help identify women who may be at higher than usual risk for having a baby with certain birth defects. The ExAFP should be done when you are between 15 and 20 weeks of pregnancy; the best time is 16 to 17 weeks. This test cannot look for all types of birth defects, but it can help detect:

- open neural tube defects (openings along the baby's spine and/or brain)
- abdominal wall defects (openings along the baby's abdomen or belly)
- Down Syndrome (a chromosome abnormality that causes mental retardation and some physical problems)
- Trisomy 18 (another chromosome abnormality that causes more severe mental and physical problems)

### **Ultrasound (sonogram) exam**

An ultrasound (sonogram) exam is routinely ordered during pregnancy to:

- confirm the estimated delivery date
- find out the position and development of the placenta and baby
- find out more about the placenta and baby
- look for more than one baby (twins or more)

An ultrasound device is placed on your abdomen or in your vagina. The device sends sound waves to your uterus causing a picture of your baby to appear on a video monitor. Ultrasound has been used for over 25 years and is considered safe for both mother and baby.

If you have an abdominal sonogram, a full bladder is required for the test to work. You'll need to drink two to four, 8-ounce glasses of water starting one hour before the exam. You do not need a full bladder for a vaginal sonogram.

### **Amniocentesis and Chorionic Villus Sampling (CVS)**

Amniocentesis and Chorionic Villus Sampling (CVS) are procedures that are done to test the baby for certain types of birth defects, such as:

- chromosomal abnormalities, like Down Syndrome and Trisomy 18
- neural tube defects
- certain specific genetic diseases

These procedures are offered to women who are 35 years or older or to those who are at higher risk of having a baby with one of the conditions mentioned. Amniocentesis is done between 15 and 18 weeks and CVS is done between 10 and 12 weeks.

### **Group B Streptococcus**

Group B Streptococcus (GBS) is a common type of bacteria found in many women. Although it is not a sexually transmitted disease, it can cause illness in newborn babies if transmitted at the time of delivery. A test can be done between 35 and 37 weeks to check for the presence of this bacteria in the vagina and the rectum. If your test comes back positive, you will be treated with antibiotics during labor to prevent GBS from being transmitted to your baby.

### **Genetic conditions in certain ethnic groups**

Some genetic conditions are more common in certain ethnic groups.

#### **Sickle Cell Disease**

African-Americans

#### **Cystic Fibrosis**

Caucasians

Eastern European Ashkenazi Jews

French-Canadians

#### **Tay Sachs**

Eastern European Ashkenazi Jews

French-Canadians

#### **Canavan Disease**

Eastern European Ashkenazi Jews

#### **Thalassemia Disease**

Persons of Asian, African, and Mediterranean (Greek, Italian, Turkish) descent

Testing is available to see whether you are at risk for having a baby with any of these conditions.

### **Family history of genetic conditions of birth defects**

If you have any history of having an inherited condition or birth defect in your family—especially if you have previously given birth to a child with an inherited condition or birth defect—you'll want to discuss all of these details with your physician or other medical professional.

# H

## health plan benefits

As a member of Kaiser Permanente, your maternity care and all necessary testing and services are covered. In addition, your benefits do not limit your hospital stay after the delivery of your baby. Your doctor or nurse midwife will work with you to determine the length of your hospital stay after your baby is born.

### **Be sure your Kaiser Permanente benefits are current ...**

- Maternity benefits can vary according to your health plan coverage. You may be asked for a co-payment for some services.
- Check your insurance benefits to find out if your Kaiser Permanente insurance is current. Ask your Human Resources or Personnel Department about the status of your coverage for maternity care.

# A to Z pregnancy dictionary

## **Amniotic sac**

This term refers to the bag of waters that surrounds the baby. This fluid cushions the baby, allows it to move freely and exercise, and keeps the baby's temperature constant even when you are feeling hot or cold.

## **Cervix**

The cervix is the opening to the uterus or womb. In the first stage of labor the cervix thins and opens to allow the baby to move into the birth canal.

## **Estimated date of delivery**

This term is the same as the due date, or estimated date of confinement. Your due date is the estimated calendar date that your baby will be born. We calculate your due date as 40 weeks (about ten, 28 day months, or 280 days) from the first day of your last menstrual period. It is normal for babies to be born anytime between two weeks before and two weeks after the due date.

## **Embryo**

An embryo is the developing baby in the first eight weeks of the pregnancy.

## **Fetus**

The fetus is a developing baby from eight weeks to the end of pregnancy.

## **Gestation**

This term refers to pregnancy. Your physician, nurse practitioner, or nurse midwife will refer to “weeks of gestation,” which means how far along you are. To convert weeks of gestation into months of pregnancy, just divide by 4.5.

## **Menstrual period**

This is the time of month when a non-pregnant woman's uterus sheds its inner lining causing bleeding. Menstruation usually lasts five to seven days.

## **Placenta**

The placenta develops and provides nourishment to the fetus during pregnancy. This organ also takes waste away from the fetus.

## **Uterus**

This muscle houses your unborn baby. It is made up of three parts: the fundus, body, and cervix. Every time you go to your individual prenatal appointment, your doctor, nurse practitioner, or nurse midwife will measure your fundus to make sure that your baby is growing.

## **Umbilical cord**

This cord is made up of three blood vessels that connect the placenta to the unborn baby. It transports nutrients and oxygen to the baby.

# Y our medical team

Throughout your pregnancy you will meet many people who will be caring for you. Your medical team may include an obstetrician, perinatologist, resident physician, certified nurse midwife, or nurse practitioner. You will also come into contact with many other medical professionals at Kaiser Permanente during your pregnancy. Below is a brief description of your prenatal medical team and what they may do for you:

An **obstetrician-gynecologist (Ob/Gyn)** is a medical doctor who is specially trained to provide medical and surgical care to women.

A **perinatologist** is a medical doctor (Ob/Gyn) who has received additional training to provide medical and surgical care for the most complicated pregnancies.

A **family physician** is a medical doctor who has completed additional training in family medicine. The focus of education is on the health care needs of the entire family.

A **resident physician** is a medical doctor who is currently completing his or her specialty training. The resident physicians that you may encounter are active in all aspects of prenatal care and are an important part of the professional obstetrical team.



An **obstetrics-gynecological nurse practitioner (Ob/Gyn nurse practitioner)** is a registered nurse who has special training in women's health and who provides care during pregnancy and during the postpartum period.

A **certified nurse midwife (CNM)** is a registered nurse with special training in obstetrics who may provide prenatal care to women with low to moderate risk pregnancies. He or she is trained to manage normal labor, birth, and postpartum care with physician consultation, if needed.

A **registered nurse (RN)** is specially trained to provide advice and counseling regarding self-management information and skills in group or individual settings via face to face or telephone encounters.

A **licensed vocational nurse (LVN)** is a licensed nurse trained to provide direct patient care and general information.

A **health educator** is trained to educate members in a group or in individual settings. A health educator has a degree and often develops interventions that help change people's health behavior.

A **medical assistant (MA)** is responsible for assisting with the non-medical needs of patients. Medical assistants receive their training at technical schools.

A **receptionist** books appointments, group visits, and classes for members.

A **genetic counselor** is trained (master's degree in genetic counseling) to evaluate the baby's risk of having birth defects or inherited disorders and to provide information and support throughout the evaluation process.

A **registered dietitian (RD)** is trained (master's degree in nutrition) to provide advice on diet, including the nutritional needs of special populations, like pregnant women.

An **obstetrical diagnostic medical sonographer** is a technician who has specialized training in the use of ultrasound on fetal anatomy and the pregnant uterus.

A **social worker (MSW)** is trained (master's degree) to work with families experiencing stressful situations, such as financial concerns, drug/alcohol abuse, domestic abuse, or other situations that may feel overwhelming.

A **certified childbirth educator** is a graduate of a nationally recognized childbirth educator program and is specially trained to prepare expectant women and their partners for the childbirth experience.

A **lactation consultant, International Board Certified Lactation Consultant (IBCLC), or Certified Lactation Consultant (CLC)** is trained to educate women on the normal process of breastfeeding, including how to initiate breastfeeding and how to manage problems that may develop while nursing.

A **doula**, or labor support professional, is trained to help manage the labor process and to provide constant emotional support and assistance to the woman and her family. Doulas are usually contracted by families wanting additional support and are paid privately.

## Miscarriage

About one in five confirmed pregnancies will end in a miscarriage (loss of the baby) during the first trimester. Most of these miscarriages cannot be prevented. Miscarriage is usually not dangerous for the woman, but feelings of disappointment, sadness, and loss are common. As with any loss, feelings of denial, anger, and guilt may occur. Talking with your partner, family, friends, and your medical professional about your experience and your feelings can be helpful.

This information is not intended to diagnose health problems or to take the place of medical advice or care you receive from your physician or other medical professional. If you have persistent health problems, or if you have additional questions, please consult your doctor.

If you have questions or need more information about your medication, please speak to your pharmacist.

Kaiser Permanente does not endorse any brand names; any similar products may be used.

